AIDS Brief

for professionals

Religious Leaders

As religious people there is a call to respond with love to everyone, especially those who are suffering. People living with HIV/AIDS (PWAs) have many physical, emotional and spiritual needs. However, PWAs are frequently afraid to approach their religious leaders for fear of facing condemnation, rejection and judgement, with the result that many lack the spiritual care and support they need and deserve.

Religious leaders are in close and regular contact with all age groups in society and their voice is highly respected. Organised religion can exert a powerful influence on the priorities of society and the policies of its leadership. There could be no greater cause than to lend influence to protecting those who are HIV-infected and affected. This AIDS Brief seeks to provide guidance to religious leaders and religious workers facing the multiple dilemmas and challenges which the AIDS epidemic presents to religious communities throughout the world.

"AIDS is not asking anything new of the religious community, rather AIDS is confronting us with the necessity of becoming more fully the kind of people we have been called to be" (Author unknown).

"The foundation of the vast majority of religions is the call to compassion. A call to care for the sick, to seek justice and to reach out to the neighbour in need" (From *AIDS and American Religion: an Issue of Blood*).

BACKGROUND

Definition: Spirituality is concerned with issues of meaning, hope, freedom, love, one's image of a Supreme Being, and forgiveness and reconciliation. It is the way in which individuals live their lives in accord with their basic values. Organised religion structures spirituality in the form of creed (an established set of beliefs), cult (forms of worship and religious practices) and community (authority, laws and institutional structures).

Religion plays a central, integrating role in social and cultural life in most countries of the world. Through personal contact, the spoken, broadcast or printed word and through religious symbols, images, ceremonies, festivals and traditions, the world's religions reach out to virtually every community in the most remote corners of the earth.

The Chinese use two picture-words (symbols) for "crisis". From these two symbols, two other words can be devised: danger and opportunity. Thus the word "crisis" indicates a danger point but also communicates the idea of occasion, time and opportunity.

"The drama of AIDS threatens not just some nations or societies, but the whole of humanity. It knows no frontiers of geography, race, age or social condition. This epidemic, unlike others, is accompanied by a unique cultural unease related to the impact of the symbolism it suggests: the life-giving functions of human sexuality, and the blood, which epitomises health and life itself, have become roadways to death. Only a response which takes into account the medical aspects of the illness as well as the human, cultural, ethical and religious dimensions of life can offer complete solidarity to its victims and raise the hope that the epidemic can be controlled and turned back.

"AIDS is challenging the very essence of who we are as people of faith. Hearts are being broken in a struggle with death on an enormous scale. Whether it impacts on our own church or the global community, this is happening to each of us in a wholly personal way beyond our control. We may struggle with questions of death and life, of sexuality and morality, of paralysing fear and action. Ultimately our belief in the Supreme Being dictates that we reach out our hands with compassion and service to people living and dying with HIV/AIDS" (Pope John Paul II).

Persons infected with HIV and those close to them suffer many crises. They face the prospect of a painful, premature death and the loss of loved ones. They may lose the support of those close to them and they may experience economic and social hardship. Because of the spectrum of needs caused by HIV infection, the

religious community's response entails spiritual, material, emotional and social dimensions for the infected and their families and caregivers.

Religious leaders and workers

- Religious leaders and religious workers are not immune to HIV infection themselves, yet there is widespread denial of risk among this sector. Factors include relative wealth, mobility, high levels of education and status within the community.
- Single men and women serve as religious leaders world-wide (due to religious doctrine or personal choice).
- High levels of stress and feelings of incapacity to deal with the epidemic may lead to unsafe sexual behaviour, drug or alcohol use.

Communities served

Many communities face challenges which impact on individual and collective vulnerability to the spread of HIV such as:

- The instability of marriages/traditional or common-law unions.
- High levels of unemployment.
- High levels of poverty and related sexual activity in exchange for money, food or other material needs.
- High levels of mobility, especially related to work-seeking.
- People living far from their communities of origin (which decreases the religious sector's level of social control).
- The low status of women (economically, socially and politically, which may be based on cultural, social and/or religious influence)
- High levels of secrecy, social stigma and denial surrounding HIV/AIDS - the spread of HIV thrives under these conditions.
- Increased use of drugs and alcohol world-wide, which increases susceptibility to HIV infection through sharing needles with HIV-infected individuals and increased risky sexual behaviour when under the influence of drugs and/or alcohol.

CHECKLIST

(The term 'religious worker' is used to represent both religious leaders and religious workers).

Infected religious workers

The impact on religious workers who are infected themselves is similar to that experienced by the communities they serve. They may face losing their positions, may be shunned by the religious sector and community for becoming infected, given their status and position, may face isolation and stigma and will need care and support during their illness.

- In what ways can the religious sector be sensitised to the needs of infected religious workers?
- What support systems can be developed to provide emotional, psychological and spiritual support to infected religious workers?
- What practical changes can be made to existing benefit packages to ensure that medical and financial benefits are available to meet the needs of infected religious workers and their loved ones?

Religious workers involved with PWAs and their families

Stress and burnout among religious workers is likely to occur, with grief, mourning and lower morale taking their toll as greater numbers of those whom they serve die or are affected.

- What structures and support systems can be put into place to help religious workers cope better?

Less time will be available to deal with "routine" religious functions due to the demands of funerals, counselling, etc.

- How can religious institutions restructure to ensure that "routine" functions are not compromised (for example, involvement of laity/ community resource people)?

The demands will be greater than those for which religious workers were trained. For example, coping with the high numbers of young people dying when trained to deal with dying among the older age groups. HIV/AIDS affects primarily those between the ages of 15 and 50 years, often the largest group within religious bodies – youth, young couples, professionals, etc and religious workers may experience difficulty preparing large numbers of young adults for premature death (perhaps especially those leaving children behind).

- How can religious workers be better prepared to deal with increased death among younger people?
- What resources can be made available to assist them?

Religious doctrine focuses on helping to raise the young into adulthood - with HIV/AIDS this is becoming less likely.

- What changes need to be instituted to accommodate the issues related to HIV/AIDS?

Religious workers may need to become involved in areas outside their expertise such as advocacy for the HIV-infected, lobbying for human rights and involvement in paralegal issues.

- What training and support is needed to equip religious workers for these new roles?

Religious education does not teach counselling skills appropriate to HIV/AIDS – traditional religious counselling focuses more on advice-giving and prescription of behaviour.

- How can specialised training in HIV/AIDS counselling be extended to religious workers?

Fear of infection through care (especially if they are not well educated about HIV/AIDS) may impact on religious workers' willingness to serve their communities.

- How can religious workers be sensitised and educated to increase commitment to serve their communities and to reduce their personal fear of HIV/AIDS?

Ethical issues relating to confidentiality, sin, condemnation of those who do not follow religious teaching and discomfort dealing with issues of sexuality, sexually transmitted infections and "sinful" sexual behaviour will arise.

- How can these issues be addressed more compassionately and fully within religious doctrine?
- How can this be communicated to religious workers?

People may turn away from their faith in anger or confusion, which is difficult for a religious worker to reconcile.

- What theological resources can be developed to assist religious workers?

There will be increased needs for services and support of religious bodies as morbidity and mortality due to HIV/AIDS increase over time.

- What changes can be made now to plan for this increased demand?

There will be higher numbers of funerals for people dying of AIDS and the need for counselling of individuals and family members before and after death of a family member.

- How can more people be drawn in to meet the increased demand for counselling and bereavement services (for example, laity and community resource people)?

Increased needs for material support and relief will come to the attention of religious workers.

- What plans can be put in place now to meet these needs as they arise?
- How can links be made with service organisations within the community for a united effort?

There will be an increased need for support to caregivers.

- What systems/programmes can be developed to ensure that caregivers are fully supported?

Decreased religious activities/input by affected communities and fewer marriages may be the inevitable consequences of the epidemic.

- In what ways can religious communities be prepared for this?

Fewer baptisms may take place as a result of : fewer babies being born due to infertility, higher rates of miscarriage among HIV-infected women, babies dying before baptism or other religious rites taking place.

- In what ways can religious communities be prepared for this?

There may be decreased income for religious groups/institutions due to increased pressure on family resources.

- What financial plans can be implemented now to offset future reduced income/resources?

Less time for religious activities may be the result of greater time spent caring for the sick and maintaining household functions.

- What ways can be developed to allow people to participate fully in religious activities with limited time (to avoid isolation and alienation)?

Communities served

With increased morbidity and mortality from HIV/AIDS, family and community support systems will be stretched and may deteriorate; coping mechanisms will decease as families are "saturated" with loved ones needing care.

- In what creative ways can religious bodies work to strengthen family structures and increase the capacity to cope among the communities they serve?

The extra burden of care will fall primarily on the elderly and on women.

- How can this burden be reduced through the involvement of the religious community?

There is a tremendous need for care (material, emotional and spiritual), both for those infected and affected by HIV/AIDS, especially as people move into the terminal stages of AIDS.

- How can religious bodies involve more people from within their communities to provide for these care needs?

People dying of AIDS have increased needs due to stigma, secrecy and isolation – beyond the "ordinary" needs of those dying from terminal illness.

- What resources need to be developed to assist religious workers to provide for the "extraordinary" needs of PWAs?

Children may have to act as caregivers to older members of their families, which may mean leaving school, taking on adult responsibilities such as the care of younger children, household chores and providing for material needs. This, in turn, may lead to children, especially young girls, exchanging sex for money/food/medicine for the sick and thus putting themselves at risk of HIV infection.

- What supportive programmes can be developed within the religious community to provide child caregivers with the extra support and respite they need?

There will be an increased burden on women to provide care for the sick, often when they are themselves HIV-infected.

- In what ways can women, especially those infected, be supported in their caregiving?

Material wealth within families may decrease as families use more resources to provide treatment, care and nourishment to the sick.

- What programmes can be put in place now to assist with meeting peoples' survival needs?
- How can links be made with service organisations within the community for a united effort?

Dwindling family resources are often spent on elaborate death and bereavement rituals, such as expensive funeral services, slaughter of livestock, etc., leading to more severe poverty for those left behind.

- In what ways can religious workers influence communities to reduce unnecessary expenses related to funerals? (There may be a need to work closely with funeral service providers, who may influence greater extravagance during funeral planning.)

Rapidly increasing numbers of children orphaned due to AIDS increase the need for care, supervision, emotional and spiritual support for these children in distress.

- What programmes and plans can be developed now to provide for the needs of children in distress? (There are a number of model programmes that can be drawn upon. All sectors of the community need to be drawn in.)

Loss of community leadership and stability may result due to the impact of AIDS deaths on community structures.

- How can the religious community support community leadership to maintain stability in the face of HIV/AIDS?

Community grief and mourning and overall lowered morale may result from the increasing impact of HIV/AIDS.

- In what ways can the religious community support community members through their grief?

KEY RESPONSES

- Educate religious leaders and workers about HIV/AIDS prevention and care.
- Educate all sectors of the community served about HIV/AIDS, especially children and youth (promotion of abstinence, adolescent reproductive health, training peer educators). For this, community agreement and sanction are essential.
- Provide HIV/AIDS counselling (appropriate to religious teaching).
- Promote openness in discussion about HIV/AIDS, sexuality and relationship issues and other sexuality issues within the religious community – use all opportunities to discuss HIV/AIDS. For example:
  a) Pre-marriage counselling sessions
  b) Youth groups, confirmation classes etc.
  c) Religious radio programmes
  d) Education at religious health facilities.
- Help to maintain family and social cohesion, crucial in the reduction of susceptibility to infection and the mitigation of impact (including among religious leaders and workers).
- Restructure work conditions and responsibilities to reduce susceptibility to HIV infection.
- Ensure protection for widows/widowers and orphans.
- Integrate HIV/AIDS education and training into the curricula of theological/religious training institutions.
- Provide models of responses to HIV/AIDS to increase involvement and responsibility in HIV/AIDS throughout the community.
- Use religious leadership to advocate for the rights and needs of people infected and affected by HIV/AIDS – "peer–to–peer" influence has been shown to be highly effective in mobilising the religious sector.
- Co-ordinate activities with other bodies and organisations in the HIV/AIDS field – there are many effective programmes already in existence which can be readily shared and modified according to local needs, thus saving resources and time taken to re-develop interventions and programmes. Study visits to existing programmes can be highly motivating and empowering.
- To combat stress and burnout:
  a) Develop internal support systems for those involved in HIV/AIDS work within your religious group
  b) Provide training in stress management
  c) Offer opportunities for open discussion and support
  d) Provide opportunities for respite, reflection and retreat
- To address ethical issues:
  a) Develop and uphold religious standards for your religion
  b) Provide guidance to those needing it (for example, appoint a key theologian to fulfil this role)
- To address morbidity and mortality among religious leaders and workers:
  a) Provide information on reducing personal susceptibility
  b) Provide adequate benefits to religious personnel (sick leave, pension cover, etc.)
- To provide for material needs and legal protection:
  a) Educate religious workers and community members on human and legal rights
  b) Train religious and lay workers in advocacy and paralegal skills to ensure that rights are not being infringed
  c) Develop self-help and income generating activities within the community
  d) Encourage the reduction of funeral costs to ensure that maximum resources are left for the family.

INTERNATIONAL NORMS

A Commitment to AIDS by People of Faith:

We are members of different faith communities called by God to affirm a life of hope and healing in the midst of HIV/AIDS. The enormity of the HIV/AIDS pandemic has compelled us to join forces despite our differences of belief. Our traditions call us to embody and proclaim hope, and to celebrate life and healing in the midst of suffering.

AIDS is an affliction of the whole human family, a condition in which we all participate. It is a scandal that many people suffer and grieve in secret. We seek hope amidst the moral and medical tragedies of this pandemic in order to pass on the hope for generations to come.

We recognise the fact that there have been barriers among us based on religion, race, class, age, nationality, physical ability, gender and sexual orientation, which have generated fear, persecution and even violence.

As long as one member of the human family is afflicted, we all suffer. In that spirit, we declare our response to the AIDS pandemic:

We are called to love - God does not punish with sickness or disease but is present together with us as the source of our strength, courage and hope.

We are called to compassionate care - We must work for the day that all who are affected by the pandemic (regardless of religion, race, class, age, nationality, physical ability, gender or sexual orientation) will have access to compassionate, non-judgemental care, respect, support and assistance.

We are called to witness and do justice - We are committed to transform public attitudes and policies, supporting the enforcement of all local and federal laws to protect the civil liberties of all persons with AIDS.

We promote prevention - Within the context of our respective faiths, we encourage accurate and comprehensive information for the public regarding HIV transmission and means of prevention. We vow to develop responsible AIDS prevention programmes for our children, youth and adults.

We acknowledge that we are a global community - The scourge of AIDS is devastating to the world community. We recognise our responsibility to encourage AIDS education and prevention policies, as well as adequate treatment, especially in the global religious programmes we support.

We deplore the sins of intolerance and bigotry - AIDS is not a "gay" disease. It affects men, women and children of all races. We reject the intolerance and bigotry that have caused many to deflect their energy, blame those infected and become preoccupied with the issues of sexuality, worthiness, class status or chemical dependency.

We challenge our society - Because economic disparity and poverty are major contributing factors to the AIDS pandemic and barriers to prevention and treatment, we call upon all sectors of society to seek ways of eliminating poverty in a commitment to a future of hope and security.

We are committed to action - We will seek ways, individually and within our faith communities, to respond to the needs among us.

(From *The AIDS Ministry Handbook*, published by the AIDS National Interfaith Network).

SUMMARY

Religious bodies have a long history of providing health care, spiritual and emotional support and education to the communities that they serve. HIV/AIDS will increase the needs for these among communities. Whilst systems are already in place for their provision, what is needed is greater co-ordination, networking, sharing of resources and involvement.

Support of the family structure and helping families stay together is a tenet of most religions, and this should be continued and intensified to mitigate the destructive impact of HIV/AIDS on families and communities.

Today's religious bodies should embark on creative action to:

- Embody and proclaim hope, life, and healing in the midst of suffering.
- Provide accurate and comprehensive information for the public regarding the transmission of HIV, related behaviour patterns and means of prevention according to the teachings of each faith community.
- Assure that all whose lives are affected by HIV/AIDS have access to compassion, non-judgemental care, respect, support and assistance.
- Generate a prophetic vision of society in which general welfare becomes the abiding obligation of public, private and voluntary sectors of society.
- Transform public attitudes and policies so that adequate care and appropriate preventative measures will be available for all people in need.

From the *Atlanta Declaration* (ratified on 4 December 1989 at a symposium on AIDS for religious leaders held in Atlanta, Georgia).

"God has no other hands than ours. If the sick are to be healed, it is our hands that will heal them. If the lonely and the frightened are to be comforted, it is our embrace, not God's, that will comfort them." Dorothea Soeile

REFERENCES

AIDS: *A Christian Response*, Mennonite Central Committee, British Columbia

AIDS in the Catholic Setting: An Action Plan for Parishes and Church Groups, Catholic AIDS Ministry, Archdiocese of Seattle, Seattle, Washington, (1996)

The AIDS Ministry Handbook: A Resource Guide for Faith Communities and AIDS Ministries, AIDS National Interfaith Network, Washington, D.C., (1997)

Blumenfield WJ; and Alexander SW; *AIDS and Your Religious Community: A Hands-on Guide for Local Programs*, Unitarian Universalist Association, Boston, (1991)

Champion WC; *The Black Church and AIDS*, Doctoral Thesis, Perkins School of Theology, Southern Methodist University, Dallas, Texas, (1991)

Extending a Hand, Soothing a Soul: A Pastoral Statement of Solidarity with Members of our Community Affected by AIDS, Catholic AIDS Ministry, Archdiocese of Seattle, Seattle

Useful Internet Resources

Ahmadiyya Movement in Islam http://alislam.org/

AIDS National Interfaith Network http://www.thebody.com/anin/aninpage.html

Ark of Refuge http://www.sfrefuge.org/Ark.html

Baptist AIDS Partnership of North Carolina http://www.bapnc.org/

Barzakh Foundation http://www.yellowpages.co.id/life/barzakh/arzakh.html

Buddhist AIDS Network http://www.itp.tsoa.nyu.edu/~faculty/pato/index.html

Church Online http://www.churchonline.com/index.html

Computerised AIDS Ministries http://hwmin.gbgm-umc.org/CAM/cam02.html

HEARD website: http://www.und.ac.za/und/heard

Jewish AIDS Network http://www.shalom.com/janc.html

Union of Black Episcopalians http://www.afroanglicans.org/ube/

Universal Fellowship of Metropolitan Community Churches AIDS Ministry http://www.thebody.com/ufmcc/ufmcc.html

Zen Hospice Project http://www.well.com/user/devaraja/index.html

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